



Department of Revenue
**APPLICATION FOR
ACCREDITATION RENEWAL**

Office Use Only

- ☐ Renewal Approved
☐ Renewal Denied

Comments: _____

SECTION I ♦ ♦ *Please Print or Type* ♦ ♦

Applicant's Name: _____
Last, First, Middle

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Work Phone: _____

Employed by: _____ County Assessor's Office
_____ Other (please note)

SECTION II *Accreditation Certificate Information*

Accreditation Certificate No: _____ Issue Date: _____

(This information appears on your current Accreditation Certificate)

SECTION III *Continuing Education – 15 classroom hours minimum*

I verify that I have completed the following approved courses, seminars, and/or workshops to fulfill the 15-classroom hour continuing education renewal requirement for accreditation (WAC 458-10-050). **A copy of the certificate of completion or proof of attendance for each course listed must be attached with this application. Incomplete documentation will result in delay of processing.**

- * If carry over hours (5 hours maximum allowed) from your previous renewal period are being used this renewal period, please identify them.
- ** If the education hours for this renewal period exceed the required 15 hours, please identify only the hours to be used for this renewal period.

Course Title	Course Sponsor	Dates Attended	Total Classroom Hours	* Carry Over Hours	** Hours This Period

I have successfully completed Uniform Standards of Appraisal Practice (USPAP). Yes No

If yes, completion date: _____

Applicant's Signature _____

Date _____

Return to:

Department of Revenue
Property Tax Division
PO Box 47471
Olympia WA 98504-7471
Phone: (360) 570-5866 or 570-5865

For tax assistance, visit <http://dor.wa.gov> or call (800) 647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 486-2342. Teletype (TTY) users may call (800) 451-7985.